

Foster Family Home - Corrective Action Report

Provider ID: 1-562604

Home Name: Maria Lourdes Galdones, CNA

Review ID: 1-562604-6

98-1212 Kaamilo Street

Reviewer: David Ayling

Aiea

HI 96701

Begin Date: 9/19/2018

End Date: 9/19/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 9/19/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date